21503 60068	37247 8		State of No	ebraska gator's	Mot	or Ve	hic	le A	ccid	er	nt Re	port	,	Shee	et _1	of _	2
2 Total Number			Local No./ District OOF Case DE OO 4504								HIT & RUN	INVESTIGATION MADE AT SCENE?					
A/1	of Vehi		085 No. B3-004304					YES (In Milit					STATE US	YES		NO	1
01 A/2	DATE OF ACCIDENT		/12/2015 S M T W TH					F S	F S TIME OF ACCIDENT 1655			itary Time)	Amended				
	PLACE OF	COUNTY	Lancaster						NOTIF	ED	1659	09/14/2015					
B 7 0	ACCIDENT	CITY LINCOIN									PRIVATE PROPERT	LATITUDE				_	
73 c	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. 13th street at Est						ONE-WAY STREET?				YES NO						
1		DISTANCE FROM MILEPOST FEET N S E W OF MILEPOST					HIGHWAY NO.					LONGITUE	E				
D	IF AT INTERSECTION NAME OF INTERSECTING ROADWAY					EET (IF NOT AT INTERSECTION MILES N S E W OF NEAREST STREE				T, BRIDGE, RAILROAD CROSSING				-		
1	E street							14 3	_	VV OI N	LANEST STREE	I, BRIDGE	abot, rautical bottoomic				
^{V1/M} 02			II.	F ACCIDENT V	VAS OUTSI	DE CITY LIN	MITS, IN	IDICATE D	DISTANC	E FF	ROM NEAF	REST TOWN					-
V2/M	MILES		N S E	W AND MILES		N	S E		NEAREST Y OR TOW								
01	R. work	R1	R2 R3 R4	S. PEDES	TDIAN	S1 S2	S3	S4 S5-	a S5-b	S6-a	a S6-b	DOES ACCID					-
E	ZONE CODES	ZONE A CLASSIFICATION						STATE				STATE DEPT.	EPT. OF ROADS' PROPERTY?				
2						VE	HICLE	NO. 1					2 V	- NO			1
F	DRIVER		NO. H1369	96871								STATE (Of License)	NE	SE		FEMALE MALE	1
1 V1/N	DRIVER PHONE							1 0472	(Of Licerise)	LOCAL N	J.			1			
5	KAMRAN KERAMATNEJAD DRIVER ADDRESS CITY, STATE, ZIP DATE OF										V1/1						
V2/N 1	2259 Y ST APT 35, LINCOLN, NE 68503 BIRTH (MM / DD / YYYYY) 07/13/1988 OWNER PHONE LOCAL NO.									18							
G G		KAMRAN KERAMATNEJAD 402-540-0472										V1/2					
4	OWNER ADDRESS CITY, STATE, ZIP CITATION X YES CITATION NO. LB479245								1		V1/3						
Н	LICENSE PA NO. TMF183								YEAR (Plate Expires) 2016				STATE (Of Plate) NE				
5	VEHICLE		YEAR 2010	MAKE Hyundai		odel Elantra		BODY STY	r Sed	an	color	E	STIMATED I)	V1/4
V1/O 2	VEHICLE ID VALUE IAA DOALIA 25540									V1/5							
V2/O	TOWED TO TOWED BY						Horace Mann								18		
3						VE	EHICLE	NO. 2			26-80	0460340					V1/6 25
้1	DRIVER LICENSE		NO. G4600	 6829								STATE (Of License)					
V1/P	DRIVER						PHONE 402-304-3849					LOCAL NO.					
1 V2/P	DRIVER ADDRESS CITY, STATE, ZIP DATE OF								V2/1 18								
1	4321 S 46TH ST, LINCOLN, NE 68516 BIRTH 05/21/1969 OSAL NO.									V2/2							
J	OWNER PAMELA L MARCO OWNER ADDRESS CITY, STATE, ZIP PHONE 402-304-3849 CITATION YES CITATION NO.										V2/3						
01	4321 S 46th, Lincoln, NE 68516						PENDING				$\overline{\mathbf{v}}$						
V1/Q 3	LICENSE PLATE		NO. PAMM							(Pla	YEAR ate Expires)	2016		STAT (Of Pl	late)	NE	V2/4
V2/Q	VEHICLE	YEAR	2011	Hyunda		SanteFe)	Comp	nact U	tility	color white		STIMATED I)	V2/5
1	VEHICLE ID NO. (VIN)	5X1	XYZHDAG1BG058750					INSURANCE COM Farm Bur									18
к 02	TOWED TO	TOWED BY							POLICY NO 7881					V2/6 35			
	Complete this section for all injured per				sons				DATE	1 2 3 4 Seat Figet Body Injury							
VEH. #	NAME	(Com	plete a continua		nore than the	ree were inju	ured)				(MM /	DD / YYYY)	Position	Eject	Body Region	Injury Sev. Tra	ns. MF
	LOCAL NO. MEDICAL FACILITY NAME					IEMC C	TEMO SERVICE NAME				EMC DI	EMS RUN REPORT NO.					
						EINIS SI	EMS SERVICE NAME					EWS KU	N KEPC	ALI NU.			
VEH. #	NAME ADDRESS				-												
	LOCAL NO.		MEDICAL FACILITY	Y NAME			EMS S	ERVICE NAM	ΙΕ				EMS RU	N REPO	DRT NO.		
VEH. #	NAME			AD	DRESS					\top						\top	
	LOCAL NO.		MEDICAL FACILIT	Y NAME			EM¢ ¢	ERVICE NAM	F				EMS RII	N REP	ORT NO		
	LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME EMS RUN REPORT NO.																

	THE FOLLOWING	INFORMATION IS REQUIRED	1	ICY CASE NO.		
		INDICATE BY DIAGRAM WHAT		-084584		
Indicate North by Arrow						
·			13th			
POI approx 16' west of the eas 18' north of the sou	st curb of 13th		2	35'		
				Est		
Not To S		ION OF ACCIDENT BASED ON OFFICE	P'S INVESTIGATION			
stated she was traveling not vehicle 1 suddenly pulled ou	rthbound on 13th, approac ut, onto 13th from Est. Driv uries were reported at the s	th the intersection he did not see vehicle hing the intersection of E street in the in ver 2 said she steered to the left to avoit scene. The intersection of 13th and Est	nside traffic lane at an estimated the collision, but was unsuce	ed speed of 35 MPH. She stated cessful and vehicle 1 struck her		
OBJECT DAMAGED	DWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE.		
OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE		
NAME		ADDRESS		PHONE		
NAME NAME		ADDRESS		PHONE		
VEHICLE MOVEMENT BEFORE COLLISION VEH NO. N S E W ROAD OR HIGHWAY NAME	POINT OF IMP/ MOST DAMAGI (Enter numbers for	ED AREA VEHICLE 1	RESTRAINT USE VEHICLE 1	TOTAL VEH 1 VEH 2 3 ALCOHOL Driver Driver Pedes-		
1 X E street	VEHICLE 1	VEHICLE 2		TESTING No. 1 No. 2 trian ALCOHOL LEVEL Y Y Y Y Y		
2 X 13th street	IMPACT U8	MOST 202 1 Deployed - front 2 Deployed - side	1 None used - vehicle occupar 2 Lap & shoulder belt used 3 Shoulder belt only used			
1 01 06 Turning left 07 Making U-turn 08 Entering traffic lane 01 Essentially straight ahead 02 Backing 10 Parked 03 Changing lanes 04 Overtaking/ Passing 12 Other 05 Turning right 13 Unknown	00 None 02 09 Top & windows 10 Undercarriage 01 11 Total (all areas) 12 Other 08	4 Not deployed 5 Not applicable/ No airbag available 6 Unknown VEHICLE 2 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown	4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown VEHICLE 2 2 2 2 2 - 2 2	ALCOHOL/DRUGS SUSPECTED 1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown		
OFFICER NO. 941 INVESTIGATOR NAME (Print or Type)	TROOP/ TEAM/ BEAT 4	Lincoln Police Depart INVESTIGATOR SIGNATURE	tment	Photographs YES taken? NO		
Michael Pratt		Approved by Officer Michael	DATE OF 09/14/2015			